

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Mary Gaskill

Political Party (if applicable)

Democrat

Office Sought

State Representative

District (if Senate or House)

93

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1376

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Carollee Kern
SIGNATURE OF PERSON FILING REPORT

641-684-8235
TELEPHONE

1-12-08
DATE SIGNED

I AM FILING A 01/19/2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 5,376.54

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

8,988.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 14,364.54

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,647.73

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 12,716.81

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 338.41

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 4,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1/07/2007	ID# CK#	Mona Rae Bond 2818 W 1st Street Ankeny, IA 50021	none	\$150.00	<input type="checkbox"/>
1/07/2007	ID# CK#	Julie Fleming 1130 48th Street Des Moines, IA 50311	none	50.00	<input type="checkbox"/>
6/29/2007	ID# CK#	B.L. Schartz 944 Fifth Avenue New York, NY 10021	none	1000.00	<input type="checkbox"/>
6/29/2007	ID# CK#	Terrence S. Neehan 989 Avenue Of The Americas, F120 New York, NY 10018-0717	none	1000.00	<input type="checkbox"/>
8/19/2007	ID# CK#	Unitemized Contributions	none	315.00	<input checked="" type="checkbox"/>
8/19/2007	ID# CK#	Carolee Kern 2704 Kenwood Street Ottumwa, IA 52501	none	20.00	<input checked="" type="checkbox"/>
8/19/2007	ID# CK#	Beth Austin 2728 North Court Street Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
8/19/2007	ID# CK#	Donna Crookham 202 Filmore Street Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
8/19/2007	ID# CK#	Brenda S. Curran 1417 North Van Buren Avenue Ottumwa, IA 52501	daughter	50.00	<input checked="" type="checkbox"/>
8/19/2007	ID# CK#	Jean M. Dell 10328 90th Street Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2735.00	
TOTAL (If last page of this schedule)				\$	

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Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

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8/19/2007	ID# CK#	Rex Gaskill 1009 S 6th Street Marshalltown, IA 50158	son	\$50.00	<input checked="" type="checkbox"/>
8/19/2007	ID# CK#	Gary W. Nielson 2246 Plaen View Drive Iowa City, IA 52246	cousin	50.00	<input checked="" type="checkbox"/>
8/19/2007	ID# CK#	Steve Siegel 411 N Court Street Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
8/19/2007	ID# CK#	Peggy O'Connor 521 W Park Avenue Ottumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
8/23/2007	ID# CK#	William R. Woerner 300 Ivanhoe Road Waterloo, IA 50701	none	100.00	<input checked="" type="checkbox"/>
8/19/2007	ID# CK#	Grover Connell 1 Connell Drive Berkeley Heights, NJ 07922	none	1000.00	<input checked="" type="checkbox"/>
8/19/2007	ID# CK#	Unitemized Contributions	none	98.00	<input checked="" type="checkbox"/>
8/23/2007	ID# 6099 CK# 1120	Meredith Corporation Employees Fund for Better Government, 1716 Locust Street Des Moines, IA 50309	none	100.00	<input checked="" type="checkbox"/>
9/7/2007	ID# CK#	Judith A. Hoffman 3820 Quebec Street Ames, IA 50014	none	30.00	<input checked="" type="checkbox"/>
9/6/2007	ID# CK#	Andrew Baumert 5068 Coachlight Drive West Des Moines, IA 50265	none	25.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1603.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/6/2007	ID# 6096 CK# 2017	Manufactured Housing PAC 1400 Dean Avenue Des Moines, IA 50316	none	\$250.00	<input checked="" type="checkbox"/>
9/6/2007	ID# 9688 CK# 1015	Iowa Landlord PAC 600 Douglas Avenue, Suite 208 Des Moines, IA 50322	none	250.00	<input checked="" type="checkbox"/>
9/6/2007	ID# 6046 CK# 4354	Justice For All PAC 218 6th Avenue, Suite 526 Des Moines, IA 50309	none	100.00	<input checked="" type="checkbox"/>
9/6/2007	ID# 6070 CK# 3537	IOWA LAWPAC 521 East Locust Street, 3rd Floor Des Moines, IA 50309	none	100.00	<input checked="" type="checkbox"/>
9/6/2007	ID# 6059 CK# 3013	Iowa Committee of Automotive Retailers 1111 Office Park Road West Des Moines, IA 50265	none	150.00	<input checked="" type="checkbox"/>
9/6/2007	ID# CK#	Barbara Lee Boatwright 2331 East 39th Court Des Moines, IA 50317	none	50.00	<input checked="" type="checkbox"/>
9/6/2007	ID# CK#	Threase Harms-Hassoun 1908 79th Street Windsor Heights, IA 50322	none	100.00	<input checked="" type="checkbox"/>
9/6/2007	ID# 6058 CK# 4077	Iowa Chiropractic Society PAC 1605 N Ankeny Blvd., Suite 100 Ankeny, IA 50023	none	100.00	<input checked="" type="checkbox"/>
8/20/2007	ID# CK#	Thomas A Rubel 2192 Port Talbot Place Coralville, IA 52241	none	50.00	<input checked="" type="checkbox"/>
8/20/2007	ID# CK#	Jim Lindenmayer 819 E Alta Vista Avenue Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1200.00	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/20/2007	ID# CK#	Bob Morrissey 10766 Bladensburg Road Otumwa, IA 52501	none	\$50.00	<input checked="" type="checkbox"/>
8/20/2007	ID# CK#	Marlene Sprouse 12 Bear Creek Estates Drive Otumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
8/20/2007	ID# CK#	Kelly Conrad 13533 Angle Road Otumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
8/20/2007	ID# CK#	Mick Lawson 1601 N Court Street Otumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
8/20/2007	ID# CK#	Dana S. Holland 61 Schwartz Drive Otumwa, IA 52501	none	25.00	<input checked="" type="checkbox"/>
8/20/2007	ID# CK#	Ron Stursma 402 Grandview Avenue Otumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
8/20/2007	ID# CK#	Steven Ackerson 1634 NW 131st Street Clive, IA 50325	none	100.00	<input checked="" type="checkbox"/>
8/20/2007	ID# 6067 CK# 3703	Iowa Health PAC 6750 Westown Parkway #100 West Des Moines, IA 50266	none	200.00	<input checked="" type="checkbox"/>
9/6/2007	ID# CK#	Lois M. Trainor-Kersten 1253 Ackermant Waterloo, IA 50703	sister-in-law	50.00	<input checked="" type="checkbox"/>
9/6/2007	ID# CK#	Mary Louise Carl 14 Bear Creek Estates Otumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 725.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/10/2007	ID# CK#	Julie Meldrem 11801 Rutledge Road Otumwa, IA 52501	none	\$100.00	<input checked="" type="checkbox"/>
9/11/2007	ID# 6430 CK# 1529	Iowa Rural Water State PAC 4221 S 22nd Avenue E Newton, IA 50208	none	100.00	<input checked="" type="checkbox"/>
9/11/2007	ID# CK#	Aprile J. Goodman 6 Woodshire Drive Otumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
9/22/2007	ID# CK#	William F. Sueppel 122 S Linn St Iowa City, IA 52240	none	25.00	<input type="checkbox"/>
10/01/2007	ID# CK#	Elena and Scott Lawlor 1375 Broadway 21st Floor New York, NY 10018	none	1000.00	<input type="checkbox"/>
10/05/2007	ID# 9737 CK# 1063	Iowa Harness Horseman's Association PAC P.O. Box 107 Grinnell, IA 50112	none	150.00	<input type="checkbox"/>
10/29/2007	ID# 6059 CK# 3099	Iowa Committee of Automotive Retailers 1111 Office Park Road West Des Moines, IA 50265	none	100.00	<input type="checkbox"/>
11/18/2007	ID# 9758 CK# 1006	Labors Local Union 566 PAC Fund 1305 E Mary Street Suite A Otumwa, IA 52501	none	400.00	<input type="checkbox"/>
11/18/2007	ID# 6449 CK# 1399	Great Plains Laborers District Council Iowa PAC 5806 Meredith Drive, Suite B Des Moines, IA 50322	none	300.00	<input type="checkbox"/>
12/15/2007	ID# 8038 CK# 100376036	United Food and Commercial Workers Active Ballot Club, 1775 K Street, NW Washington, DC 20006	none	500.00	<input type="checkbox"/>

SUB-TOTAL

\$ 2725.00

TOTAL (if last page of this schedule)

\$ 8988.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/24/2007	ID# CK# 1113	Orchid Suites, Inc 2004 S Street, NW Suite 550 Washington, DC 20009	Web Page	\$ 14.95
4/1/2007	ID# CK# 1114	Orchid Suites, Inc 2004 S Street, NW Suite 550 Washington, DC 20009	Web Page	45.00
4/7/2007	ID# CK# 1115	Orchid Suites, Inc 2004 S Street, NW Suite 550 Washington, DC 20009	Web Page	14.95
6/2/2007	ID# CK# 1116	Carter Printing 1739 East Grand Avenue Des Moines, IA 50316	Printing of End of Session Report	502.83
6/2/2007	ID# CK# 1117	Orchid Suites, Inc 2004 S Street, NW Suite 550 Washington, DC 20009	Web Page	45.00
7/31/2007	ID# CK# 1118	Adam Phillips 400 E Locust St. Unit 212 Des Moines, IA 50309	Reimbursement for Postage	123.00
8/17/2007	ID# CK# 1119	Copy Max Plus 919 S Madison Ave Ottumwa, IA 52501	Copies and deposit stamp	25.95
8/19/2007	ID# CK# 1120	Ottumwa Elks Club 413 S Iowa Ave Ottumwa, IA 52501	Rent for hall for fund raiser	143.50
SUB-TOTAL				\$ 915.18
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/19/2007	ID# CK# 1121	Orchid Suites, Inc 2001 S Street, NW Suite 550 Washington, DC 20009	Web Page	\$ 45.00
9/3/2007	ID# CK# 1122	US Postmaster 616 W 2nd Street Ottumwa, IA 52501	Postage	41.40
9/6/2007	ID# CK# 1123	Adam Phillips 400 E Locust Street Unit 212 Des Moines, IA 50309	Food for fund raiser 9/6/07	55.00
9/8/2007	ID# CK# 1124	Ottumwa Courier 213 E 2nd Street Ottumwa, IA 52501	Advertisement for fund raiser 8/18/07	157.50
9/20/2007	ID# CK# 1125	Mary Gaskill 509 E 4th St. Ottumwa, IA 52501	Re Imbursement for fundraiser table service 8/18/07	23.13
10/28/2007	ID# CK# 1126	Ottumwa Printing, Inc. 105 South Birch Street Ottumwa, IA 52501	Office Stationary	225.77
10/28/2007	ID# CK# 1127	Orchid Suites, Inc. 2001 S Street NW Suite 550 Washington, DC 20009	Web Page	45.00
12/24/2007	ID# CK# 1128	Mary Gaskill 509 E 4th St. Ottumwa, IA 52501	Re Imbursement 1/4 computer on line cost and printer cartridges	139.75
SUB-TOTAL				\$ 732.55
TOTAL (if last page of this schedule)				\$ 1647.73

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
08/19/2007	Brenda Curran 1417 N Van Buren Ave Ottumwa, IA 52501	daughter	Food	\$ 12.00	<input checked="" type="checkbox"/>
08/19/2007	Kim Jones 444 McKinley Ottumwa, IA 52501	none	Food	16.00	<input checked="" type="checkbox"/>
08/19/2007	Carolee Kern 2704 Kenwood St Ottumwa, IA 52501	none	Food	10.00	<input checked="" type="checkbox"/>
08/19/2007	Carolyn Pilcher 1201 Hammond Ave Ottumwa, IA 52501	none	Food	24.00	<input checked="" type="checkbox"/>
08/19/2007	Becky Monoz' 203 Chester Ave Ottumwa, IA 52501	none	Food	12.00	<input checked="" type="checkbox"/>
08/19/2007	Melissa Billman 1009 S 6th Ave Marshalltown, IA 50158	none	Food	12.00	<input checked="" type="checkbox"/>
08/19/2007	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	Self	Food	219.41	<input checked="" type="checkbox"/>
08/19/2007	Elaine Orr 186 Carter Ave Ottumwa, IA 52501	none	Food	8.00	<input checked="" type="checkbox"/>
8/20/2007	House Truman Fund 5661 Fleur Dr Des Moines, IA 50321	none	Postage for fund raiser 9/6/07	25.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

338.41

TOTAL (If last page of this schedule)

\$

338.41

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 4,000.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0.00From Schedule E - TOTAL LOANS FORGIVEN \$ 0.00TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 4,000.00

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.